

Student: _____

Instructor: _____

Intravenous Therapy - Secondary (piggyback) OER**(Instructor Evaluated Skill - Practice signature required prior to check off with Instructor)**

Criteria	Points		Comments
	Possible	Obtained	
Review MAR	5		
Check for allergies	1		
Obtain relevant history as indicated	1		OER 23.2 IV Therapy basics
Perform hand hygiene	1		
Gather equipment: secondary IV tubing, IV solution, labels, alcohol pads Verify expiration date on equipment.	1		OER 23.6 Secondary IV Solution Administration Video
Perform 1 of 3 medication checks using 5 rights & expiration - Check IV compatibility	5		Rights: patient, med, dose, route (IV), time & expiration date
Perform 2 of 3 medication checks using 5 rights & expiration	5		
Medication is prepared clean/sterile	5		
Perform hand hygiene upon entering patients' room	1		
Introduce self and identify patient with 2 identifiers. Ask patient about allergies.	5		
Provide for privacy	1		
Explain procedure	1		
Knowledge of medication	1		
Perform 3 of 3 medication checks and expiration at the bedside using 5 rights	5		
Perform hand hygiene	2		
<ul style="list-style-type: none"> Remove IV solution from packaging and gently apply pressure to bag while inspecting for tears or leaks. Check color and clarity of solution. 	2		
<ul style="list-style-type: none"> Remove secondary tubing from packaging Place roller clamp to off position 	2		
Remove protective caps from IV spike and from the IV solution	1		
Insert the spike into the IV bag, maintaining sterility	2		
<ul style="list-style-type: none"> Back prime secondary line by using aseptic technique, clean port with alcohol or site scrub, connecting the secondary tubing to the correct port of the primary line Open clamp to secondary bag Lower the secondary bag below the primary bag and fill the secondary tubing until it reaches the drip chamber Then raise the secondary bag above the primary bag, keeping secondary clamp open 	4		
Hang the secondary medication bag on IV pole above the primary bag (use hook included in packaging)	1		
Label secondary IV tubing	1		
Set drip rate if running by gravity using the clamp on the primary line	1		
For infusion pump: Set parameters for operation which may include volume to be infused and rate (mL/hr) to be infused on a pump.	1		
Maintain sterility throughout the procedure	10		

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Criteria	Points		Comments
	Possible	Obtained	
Assess patient's venipuncture site for signs and symptoms of vein irritation or infiltration after infusion begins	1		
Perform hand hygiene	2		
Ensure safety measures in place prior to leaving patient room	1		
Adapt procedure to reflect variations across the life span	1		
Document time and medication on the MAR	1		
_____ of 71 points 23 minutes combined with Primary IV check off	71		

Practice: Date _____ Staff: _____**Videotaped:** Date _____ Staff: _____**Remediation Practice with lab staff:****Date:** _____ **Staff:** _____**Critical Skill Requirement Complete****Instructor's Name** _____ **Date** _____ **Pass / Fail****Instructor's Name** _____ **Date** _____ **Pass / Fail (2nd attempt)**